



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800001

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP

DOING BUSINESS AS BERTUCCI'S ITALIAN RESTAURANT

ADDRESS 160 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PETER A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

LYFORD, JR

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE ITALIAN RESTAURANT WITH ONE MAIN ENTRANCE, ONE SIDE ENTRANCE AND 2 REAR EXITS. ONE FLOOR, KITCHEN, DINING AREA, 4,800 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800002

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IVC WHH WESTBOROUGH LLC

DOING BUSINESS AS DOUBLETREE HOTEL-WESTBOROUGH

ADDRESS 5400 COMPUTER DRIVE

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PLUNKETT,
THOMAS JOHN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

224 GUEST ROOM HOTEL WITH RESTAURANT CAPACITY OF 125. LOUNGE, MEETING AND
FUCTION ROOMS. HOTEL IS TWO FOUR STORY BUILDINGS WITH POOL AREA

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800004

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOM VITO'S INC.

DOING BUSINESS AS ARTURO'S RISTORANTE

ADDRESS 50 EAST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: FABIANO,
DOMENICO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE NORTHEAST PORTION OF A BUILDING CONTAINING 7,540 SQUARE FEET, LOCATED WITHIN A SHOPPING CENTER. A FULL SERVICE RESTAURANT, THE PREMISES HAVING (3) POINTS OF EGRESS AND A SEATING CAPACITY OF 186 PERSONS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800005

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUBY TUESDAY, INC.

DOING BUSINESS AS RUBY TUESDAY

ADDRESS 34 LYMAN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: DOLAN, TIMOTHY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 6,398 SQ. FT. WITH DINING AREAS, KITCHEN, OFF-ICE, STORAGE, BAR, RECEPTION AREA, ENTRANCE AND EXITS.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800006

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WESTBOROUGH MEMORIAL POST #9013, V.F.W.

DOING BUSINESS A

ADDRESS 9A MILK ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: Perry, George A. III TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FOUR ROOMS ON FIRST FLOOR CONSISTING OF TWO REST ROOMS, ONE CANTEN, ONE MEETING HALL; SECOND FLOOR AND STORAGE ROOMS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800007

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG WESTBOROUGH LLC

DOING BUSINESS AS PICCADILLY PUB RESTAURANT

ADDRESS 17 CONNECTOR RD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: Bingham, Steve

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

66' X 92' BUILDING(6,072SQ. FT.) ALL BRAND NEW CON- STUCTION. SINGLE STORY WITH 1/2 BASEMENT THAT WILL BE USED FOR STORAGE ON- LY. WOOD FRAME, BRICK VENEER.FRONT ENTRANCE,EMERGENCY EXIT AT KITCHEN. EMER GENCY EXIT OFF DINING ROOM. INTERIOR STAIRWELL LEADING TO CELLAR STORAGE AR

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800008

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HARRY'S INC.

DOING BUSINESS AS HARRY'S RESTAURANT

ADDRESS 149 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: COHEN, JON-
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ROUTE 9; ONE FLOOR, ONE ROOM.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800009

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SYRACUSE/WESTBOROUGH HOTEL HOLDINGS, LLC

DOING BUSINESS AS COURTYARD BY MARRIOTT

ADDRESS 3 TECHNOLOGY DRIVE

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: HANRATTY, RYAN TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT AND LOUNGE CENTRALLY LOCATED ON FIRST FLOOR OF THREE-STORY WOOD FRAME HOTEL BLDG. WITH 98 GUEST ROOMS. FIRST FL. HAS APPROX. 17,691 SQ. FT. WITH TWO MAIN ENTRANCES/ EXITS, BOTH OF WHICH ARE ACCESSIBLE TO THE DISABLED.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800010

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTRAL HOUSE, INC.

DOING BUSINESS AS

ADDRESS 44 SOUTH

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: FLOOD,DANIEL B. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOORS-EIGHTEEN ROOMS, FIRST FLOOR FOUR ROOMS, SECOND FLOOR: SEVEN ROOMS; THIRD FLOOR: SEVEN ROOMS; CELLAR FOR STORAGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800011

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SABATINI REST. INC.

DOING BUSINESS AS

ADDRESS 33 SOUTH ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: SABATINI, PETER TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT SEATING CAPACITY OF FORTY EIGHT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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LICENSE NUMBER: 143800012

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNO RESTAURANTS, LLC

DOING BUSINESS AS UNO CHICAGO GRILL

ADDRESS 225 TURNPIKE RD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: BROWN,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT ENCOMPASSING A DINING AREA, BAR/LOUNGE, KITCHEN,
PREP AND SERVICE AREA, STORAGE AREA AND RESTROOMS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800013

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NYAJ Westborough, MA LLC

DOING BUSINESS A Not Your Average Joe's

ADDRESS 291 TURNPIKE RD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: CAPLAN, SETH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 5165 SQ FT OF INTERIOR SPACE FOR DINING ROOM, KITCHEN, BAR,
RESTROOMS, OFFICE STORAGE AND APPROX. 600 FT OF OUTDOOR PATIO CONTIGUOUS
TO INTERIOR DINING AREA

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 143800014

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: The Chateau Restaurant of Westboro, Inc

DOING BUSINESS AS

ADDRESS 95 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: Fruggiero, Gerard D TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO BLDGS: ONE BLDG. CONTAINING THREE ROOMS AND FOYERS ON THE FIRST FLOOR, A SMALL ROOM ON THE SECOND FLOOR, A PARTIAL CELLAR; THE OTHER BLDG. CONTAINS ONE ROOM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800015

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERGSON ICE CREAM & FOOD SHOPS INC.

DOING BUSINESS AS BERGSON'S 1790 HOUSE

ADDRESS 206 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PEARSON, KURT TYPE OF LICENSE: Restaurant
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, THE FIRST FLOOR OF THE MAIN HOUSE CONSISTS OF FIVE ROOMS, THE SECOND FLOOR ALSO HAS FIVE ROOMS, THE FIRST FLOOR OF THE CONNECTING HOUSE HAS FOUR ROOMS AND THE SECOND FLOOR HAS THREE ROOMS. FULL BASEMENT FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800016

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ACACIA FUNCTIONS LLC

DOING BUSINESS AS ACACIA FUNCTIONS @ INDIAN MEADOWS

ADDRESS 275 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: TRUONG, TOM T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CEMENT AND STEEL BLDG. EIGHT ROOMS, NO CELLAR, KITCHEN, DINING ROOMS, TWO COCKTAIL LOUNGES, STOCKROOMS. TWO ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800017

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: O.C. ENTERPRISES, INC

DOING BUSINESS AS MULLIGAN'S TAVERN ON THE GREEN

ADDRESS 121 WEST MAIN ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: O'REGAN,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY WOODEN FRAME STRUCTURE WITH FULL BASEMENT PORCH AND SIDE DECK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
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239 Causeway Street
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800019

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J.P.'S RESTAURANT PUB, INC.

DOING BUSINESS AS J.P.'S RESTAURANT PUB

ADDRESS WESTMEADOW PLAZA

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: ANTONIO, JOSEPH TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION ONE STORY STRUCTURE WITH KITCHEN, TWO RESTROOMS, OFFICE, BAR AND DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800020

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J. BOYLE O'REILLY COUNCIL # 85 KC

DOING BUSINESS A CHARITABLE COR K/A COLUMBIAN

ADDRESS 17 WILLOW ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: SYLVESTER,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY BLDG., FOUR ROOMS, LOUNGE KITCHEN AND STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800021

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WESTBORO QUICK MART, INC.

DOING BUSINESS AS WESTBORO QUICK MART, INC.

ADDRESS 11 MILK STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: ALAM, ANIS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BUILDING LOCATED AT 11 MILK STREET WITH 1400 SQUARE FEET. ENTRANCE
AND EXIT ARE LOCATED AT FRONT OF THE STORE ON MILK STREET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800024

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ENT. INC. A MASSACHUSETTS CORP

DOING BUSINESS AS WESTBORO SHELL

ADDRESS 27 EAST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: MASSIH, DALE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE/GASOLINE STATION ;MAIN ENTRANCE/EXIT AT FRONT OF
STORE;EMERGENCY EXITS THROUGH WALK-THRU IN COOLER;TWO INDIRECT
EXITS,ONE THROUGH OFFICE AND ONE THROUGH CAR WASH BAY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800027

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANG/FONG CORPORATION

DOING BUSINESS AS CHENG-DU RESTAURANT

ADDRESS 157 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: TANG, SUNDI
FONG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STOR BLDG; 2 DINING ROOMS , KITCHEN. BAR-LOUNGE, CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800028

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KUMA VENTURES INC.

DOING BUSINESS AS TOPSHELF WINE & SPIRITS

ADDRESS 276 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PATEL, KUSHAL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FACILITY IS A COMPLETELY SEGREGATED PORTION OF BJ'S WHOLESALE CLUB...THE PACKAGE STORE HAS A CHAIN LINK FENCE, WALL TO CEILING, ENTRANCE AND EXIT. AUXILLARY STORAGE SPACE IS DIRECTLY BEHIND THE CAGED AREA, ON THE TOP RUNG OF STEEL SHELVES AND ACCESSIBLE ONLY BY FORKLIFT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800029

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WESTBOROUGH PACKAGE STORE, INC.

DOING BUSINESS A

ADDRESS 2 WEST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: HALPERN, RALPH TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
T.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE STORY BLDG. TWO ROOMS ON THE FIRST FLOOR ONE FOR STORAGE AND ONE
FOR STORE. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800030

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PRO WINE, INC.

DOING BUSINESS AS JULIO'S LIQUORS

ADDRESS 140 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: MALONEY,

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

RONALD T. JR

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL BASEMENT, MEZZAINE AND OFFICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800031

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 227 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: FOLEY, TAMMY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STAGE COACH PLAZA, TURNPIKE ROAD AND MILK STREET; 6400 SQ. FT. , PREMISES
CONTAIN DINING ROOM, KITCHEN, 2 PUBLIC RESTROOMS, 1 ENTRANCE/EXIT IN FRONT,
1 ENTRANCE/EXIT ON SIDE, EMERGENCY EXIT TO REAR OF PREMISES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800033

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNSHINE CONVENIENCE FOOD STORE, INC.

DOING BUSINESS AS SUNSHINE CONVENIENCE FOOD STORE, INC.

ADDRESS 65 EAST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: VAKIL,
MOHAMMAD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM, FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800039

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANDARIN WESTBOROUGH, INC.

DOING BUSINESS AS

ADDRESS 132 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: CHEN, XIU RU

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DOWNTOWN CROSSING SHOPPING MALL, FIRST (GROUND) FLOOR STORE ON THE RIGHT AS ONE ENTERS THE MALL. ABOUT 4,000 SQ. FT. OFF FLOOR SPACE ONE MAIN ENTRANCE, TOGETHER WITH TWO OTHER EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800040

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TENKA GRILLE INC.

DOING BUSINESS AS TENKA GRILLE

ADDRESS 153 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01518

MANAGER: SHI, XUE QING

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY STEEL CONSTRUCTION BLDG. WILL OCCUPY 5,000 SQ. FT. OF FIRST FLOOR.
ENTRANCE THROUGH COMMON AREA IN FRONT OF BLDG. 3 EXIT (2 IN FRONT AND 1 IN
REAR) LOADING DOCK AT REAR EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800042

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Hisa Japanese Cuisine, Inc

DOING BUSINESS A Hisa Japanese Cuisine

ADDRESS 21 SOUTH STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: Chen, Xiao Hong

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 ENTRANCE, 3 EXITS. 2475 SQ. FT. ON FIRST FLOOR. 500 SQ. FT. OF STORAGE IN
BASEMENT IN COMMON WITH FIRST FLOOR LOBBY AND PUBLIC BATHROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800044

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR FRIENDS, INC.

DOING BUSINESS AS ZITI'S ITALIAN TRATTORIA

ADDRESS 290 TURNPIKE ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PALENCIA, OSCAR, TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

290 TURNPIKE ROAD; SPEEDWAY SHOPPING CENTER RESTAURANT CURRENTLY
OPERATING IN 2800 SQ. FT. OF LEASED SPACE AT SPEEDWAY SHOPPING CENTER.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800045

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SPYRO ECONOMOU

DOING BUSINESS A WESTBORO HOUSE OF PIZZA

ADDRESS 36 EAST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: ECONOMOU,SPYR TYPE OF LICENSE: Restaurant
O

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ. FT. RESTAURANT OFFERING GREEK AND ITALIAN FOOD seating capacity of 70
indoor and 40 outdoor patio seats

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800046

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Mendon Wine & Spirits, Inc

DOING BUSINESS A Divine Wine and Spirits

ADDRESS 1100 UNION STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: Fayad, Michelle

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

11,500 SQFT STORE IN WESTMEADOW PLAZA. ONE CUSTOMER ENTRANCE AND ONE CUSTOMER EXIT DOOR IN FRONT, 4 FREIGHT/EMERGENCY EXIT DOORS IN REAR, ALL ON ONE FLOOR IN LEASED SPACE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800047

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HIGHPOINT LIQUORS LLC

DOING BUSINESS AS HIGHPOINT BEER & WINES

ADDRESS 2 CONNECTOR ROAD

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: REHKI,
DEVINDER S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800053

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TMG OF NEW ENGLAND LLC

DOING BUSINESS AS TED'S MONTANA GRILL

ADDRESS 400 UNION ST, SUITE A-104

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: BRAMMER,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5536 SQ FT BUILDING WITH BAR, DINING ROOM AND PATIO AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800054

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAPPORO,INC.

DOING BUSINESS AS SAPPORO RESTAURANT

ADDRESS 50 EAST MAIN ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: WONG,DEBORAH TYPE OF LICENSE: Restaurant
DAISY

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

KOREAN/JAPANESE FULL-SERVICE RESTAURANT SPECIALIZING IN KOREAN ENTREES
AND SUSHI IN STRIP MALL LOCATION WITH TWO POINTS OF EGRESS (FRONT & REAR)
AND CONSISTING OF DINING AREA IN FRONT AND KITCHEN. OFFICE AND STORAGE
SPACE AT REAR OF BUILDING.ADDITION OF ALCOHOL SERVICE BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800055

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEF SUN RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 30 LYMAN ST

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: CAI, ANYU

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1720 SQ. FT. STRIP MALL RESTAURANT WITH FRONT/REAR EXITS AND SEATING
CAPACITY OF 46, SERVING CHINESE AND THAI CUISINE.S

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800056

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BETTER FOOD WESTBOROUGH LLC

DOING BUSINESS AS TAVOLINO

ADDRESS 33 EAST MAIN STREET

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: PERRAS, KAREN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5300 S. F. GROUND FLOOR OF NEWLY CONSTRUCTED BLDG W/ SEATING CAPACITY 143
INSIDE AND 24 OUTSIDE...INCLUDES OUTDOOR PATIO W/SEPARATE ACCESS ENCLOSED
BY 29 CLOSELY SPACED 18" WIDE PLANTERS TO PROVIDE HEAVY, CONTIGUOUS
BARRIER W/ ACCESS TO PATIO THRU BLDG DOOR ONLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800057

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIPOTLE MEXICAN GRILL OF COLORADO LLC

DOING BUSINESS AS CHIPOTLE MEXICAN GRILL

ADDRESS 1 OAK ST.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: LOW, ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CASUAL DINING MEXICAN RESTAURANT SERVING BOTTLED BEER/WINE IN INDOOR DINING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800058

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YOUNG NAM LEE

DOING BUSINESS A WESTBOROUGH KOREAN RESTAURANT

ADDRESS 7 EAST MAIN ST

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: LEE, YOUNG NAM TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE DINING ROOM, CAPACITY OF 49, ONE KITCHEN WITH WALK IN COOLER, 2
ENTRANCES/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800059

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S & P ENTERPRISES LLC

DOING BUSINESS AS MING III

ADDRESS 291 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: MEHTANI,RAJAN TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PAN-ASIAN RESTAURANT WITH BAR- INDOOR SEATING CAPACITY OFF 73 CONTIGUOUS
ENCLOSED OUTDOOR PATIO SEATING CAPACITY OF 22, FRONT ENTRANCE WITH REAR
EGRESS THROUGH KITCHEN AREA AND SIDE DOOR ACCESS TO OUTDOOR PATIO WITH
TWO EMERGENCY EXITS GATES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800060

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SACHI LLC

DOING BUSINESS AS SACHI JAPANESE STEAK HOUSE

ADDRESS 200 UNION ST, UNIT B106

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: CHEN, JU

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5525 SQ FT FIRST FLOOR SPACE W/SEATING CAPACITY OF 138 AND OUTSIDE PATIO
SEATING CAPACITY OF 30 IN AN OUTDOOR SHOPPING PLAZA SETTING. RESTAURANT
CONTAINS FULL BAR/LOUNGE W/THREE POINT OF ENTRANCE/EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 143800061

CITY OR TOWN WESTBOROUGH

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LD WINES, INC

DOING BUSINESS AS LD WINES

ADDRESS 290 TURNPIKE RD.

CITY/TOWN: WESTBOROUGH

STATE: MA

ZIP CODE: 01581

MANAGER: DOWNEY, LESLIE TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL SPACE WITHIN THE STOP & SHOP SUPERMARKET AT SPEEDWAY PLAZE-
APPROX. 1654 SQ.FT ; ENCLOSED PREMISES WITH DOUBLE-SIDED, SOLID-BACK
SHELVING AROUND THE PERIMETER; SHELVING AND COOLERS FOR RETAIL SALE AND
STORAGE; CONTROLLED ENTRANCE/EXIT AT FRONT WITH LOCKING, ROLL-DOWN GATE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: